## **SUMMARY SHEET**

•	Change in	Company's premium or rat	e level produced by rate revision effective	April 1, 2005
		(1)	(2) Annual Premium	(3) Percent
		Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.		obile Liability		
	Private Comm	e Passenger		
2.		nerciai obile Physical Damage		
۷.		e Passenger		
	Comm			
3.		y Other Than Auto		
4,		y and Theft		
5.	Glass	,		
6.	Fidelity	•		
7.	Surety			
8.	Boiler a	and Machinery		
9.	Fire			
10.	Extende	ed Coverage		
11.	Inland l	Marine		
12.	Homeo			
13.		ercial Multi-Peril		
14.	Crop H			
15.	Other	Trade Pro - Property	\$11,200	-2.0%
		Line of Insurance		
Does f	iling only	apply to certain territory (to	erritories) or certain classes? If so, specify:	
No	ining only	apply to certain territory (	in se, speenly.	
	<del></del>			
		n of filing. (If filing follows Loss Cost Change CF-2004	s rates of an advisory organization, specify of	
		tes are being reduced.		
	<u> </u>			

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JAN 1 1 2005

SPRINGFIELD, ILLINOIS

Addison Insurance Company

Name of Company

Allen R Sorensen, Assistant Vice President

Official - Title

Change in Company's premium or rate level produced by rate revision effective 6/1/2005

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.			
12.			
13.			
14.	•		
15.		\$576,613	-2.00%
	Line of Insurance		
Doe	s filing only apply to certain territory (	territories) or certain classes? If so, specify:	No
Brief	description of filing. (If filing follows	rates of an advisory organization, specify organ	nization):
		rehouses in our rate pages. We also decrease	
	es 5%, Mercantile 5%, Offices 5% a		
<del></del>			

\* Adjust to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

JAN 2 7 2005

SPRINGFIELD, ILLINOIS

Columbia Mutual Insuance Co.

Name of Company

Official - Title Dennis McVay, CPCU

Director, Research & Development

#### **SUMMARY SHEET**

(	Change in Company's premium or rate	e level produced by rate revision effective	11/1/04-New 1/1/05-Renewal
	(1)	(2)	(3)
	(-)	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Medical Malpractice	\$4,291,165 (in-force)	+39.7%
	Line of Insurance		
~ <i>'</i>	~1'		
Joes 1	thing only apply to certain territory (te	erritories) or certain classes? If so, specify:	
Filin	g applies differently to each territory	For more information, see Actuarial Memo	orandum
1 11111	g applies differently to each territory.	1 of More Information, see Hetalian French	
Brief (	description of filing. (If filing follows	rates of an advisory organization, specify o	organization):
	Revision		
Jn/	Ividual medicul Drotessi	mals and modical professional	arous cams-make
<u>'</u> '77	coarams		J - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
7			
* A	djusted to reflect all prior rate change	s.	

- Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR PRECEIVED

OCT 0 4 2004

SPRINGFIELD, ILLINOIS

The Doctors Company, An Interinsurance Exchange

Name of Company,
Muhael Wandhard
Michael O'Donohue

VP-Regulatory Compliance

Official - Title

## **SUMMARY SHEET**

(	Change in Company's premium or rate	level produced by rate revision effective	\$18,640 3-1-05
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Other Liability – Preferred	\$118,351	+15,8%
	Line of Insurance		
Does f	iling only apply to certain territory (te	rritories) or certain classes? If so, specif	y: 
Revi	description of filing. (If filing follows se rates for our Personal Excess Liabil derlying insurance.	rates of an advisory organization, specifity Preferred Program. Introduction of c	y organization): redits for maintaining higher limits
** C	djusted to reflect all prior rate changes hange in Company's premium level wh sult from application of new rates.		
		Elec	etric Insurance Company Name of Company
			ard McCarthy – Underwriting & Pricing Official - Title

H29219D

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective April 1, 2005 new business, May 1, 2005 renewals

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		THEANCE
6.	Fidelity	Di	VISION OF INSURANCE
7.	Surety		RECEIVED
8.	Boiler and Machinery		2005
9.	Fire		JAN 2 4 2005
	Extended Coverage		
11.	Inland Marine		SPRINGFIELD, ILLINOIS
12.	Homeowners		SPRINGITIES
	Commercial Multi-Peril		
	Crop Hail		
15.	Other Motorcycle Line of Insurance	\$3,376,300	+16.24%
	s filing only apply to certain territory (	(territories) or certain class	ses? If so, specify:
No			<u> </u>
	description of filing. (If filing follows sions to the Rate Section	rates of an advisory orga	nization, specify organization):
Revi	Sions to the Rate Section		

- Adjusted to reflect all prior rate changes. Change in Company's premium level which will result from applicable of new rates.

Foremost Insurance Company

Grand Rapids, Michigan Name of Company

David J. Kelly Assistant Vioe-President State Filings

# **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective April 1, 2005 new business and May 1, 2005 renewals

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) **
	Coverage	· c.ae (e.e,	,
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		DIVISION OF INSURANCE
5.	Glass		DIVISION OF ILLINOIS/IDEPR
6.	Fidelity		BECEIVED
7.	Surety		JAN 2 4 2005
8.	Boiler and Machinery		JAN & 2 20
9.	Fire	· · · · · · · · · · · · · · · · · · ·	100
10.			SPRINGFIELD, ILLINOIS
11.	Inland Marine		OI T.
12.			
13.	Commercial Multi-Peril		
	Crop Hail		0.500/
15.	Other Off-Road Vehicle	\$789,800	-8.58%
	Line of Insurance		
<b>.</b>	s filing only apply to certain territory	(territories) or certain classe	es? If so specify:
	s filing only apply to certain territory	(territories) or certain class.	55. II 56, Speeny.
<u> </u>			
3rie	f description of filing. (If filing follows	s rates of an advisory organ	ization, specify organization):
36√ 300	ision to the Rate Section		
104	Sign to the rate open.		

Adjusted to reflect all prior rate changes.

Change in Company's premium level which will result from applicable of new rates.

> Foremost Insurance Company Grand Rapids, Michigan

Name of Company

David J. Kelly Assistant Vice-President State Filings

# ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Passenger Commercial  Automobile Physical Damage Private Passenger Commercial  Liability Other Than Auto  Burglary and Theft  Boiler and Machinery Fire  10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line 11 - Med Mal (DDS) Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.  Brief description of filing. (If filling follows rates of an advisory organization, specify organization): The Medical Prote Company proposes a premium level increase in the amount of +15.0%. This will be accomplished through a base increase of 15.0%. The company requests June 1, 2004, as the effective date of this submission.  *Adjusted to reflect all prior rate changes.	Change in Company's premium or rate le	evel produced by rate revision effective _	+15.0 %; proposed eff. date 06/01/04
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line 11 - Med Mal (DDS) Line of Insurance  Does filling only apply to certain territory (territories) or certain classes? If so, specify organization): The Medical Prote Company proposes a premium level increase in the amount of +15.0%. This will be accomplished through a base increase of 15.0%. The company requests June 1, 2004, as the effective date of this submission.  *Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.  The Medical Protective Company		Annual Premium	Percent
13. Commercial Multi-Peril  14. Crop Hail  15. Other Line 11 - Med Mal (DDS) Line of Insurance  Does filing only apply to certain territory (territories) or certain classes? If so, specify: No.  Brief description of filing. (If filing follows rates of an advisory organization, specify organization): The Medical Prote Company proposes a premium level increase in the amount of +15.0%. This will be accomplished through a base increase of 15.0%. The company requests June 1, 2004, as the effective date of this submission.  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  The Medical Protective Company	<ol> <li>Automobile Liability Private         Passenger Commercial</li> <li>Automobile Physical Damage         Private Passenger Commercial</li> <li>Liability Other Than Auto</li> <li>Burglary and Theft</li> <li>Glass</li> <li>Fidelity</li> <li>Surety</li> <li>Boiler and Machinery</li> <li>Fire</li> <li>Extended Coverage</li> <li>Inland Marine</li> </ol>		
Brief description of filing. (If filing follows rates of an advisory organization, specify organization): The Medical Prote Company proposes a premium level increase in the amount of +15.0%. This will be accomplished through a base increase of 15.0%. The company requests June 1, 2004, as the effective date of this submission.  *Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.  The Medical Protective Company	<ul> <li>13. Commercial Multi-Peril</li> <li>14. Crop Hail</li> <li>15. Other <u>Line 11 - Med Mal (DDS)</u> Line of Insurance</li> </ul>		
**Change in Company's premium level which will result from application of new rates.  The Medical Protective Company	Brief description of filing. (If filing follows	s rates of an advisory organization, spec	ify organization): The Medical Protective rill be accomplished through a base rate
Phillip J. Troyer, Associate General Counsel Official – Title	*Adjusted to reflect all prior rate changes  **Change in Company's premium level w	hich will result from application of new ra	Name of Company  Over, Associate General Counsel

DEPARTMENT OF INSURANCE STATE OF ILLINOIS

MAY C 4 2004

SPRINGFIELD, ILLINOIS

## SUMMARY SHEET

(	Change in Company's premium or rat	e level produced by rate revision effective	12 23 2004
	(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
	Coverage	volume (minois)	Change (+ 61 -)
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger		
2	Commercial		
3. 4.	Liability Other Than Auto Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Medical Malpractice	263,000	-57.40%
	Line of Insurance		
Does f	iling only apply to certain territory (to	erritories) or certain classes? If so, specify:	
	description of filing. (If filing follows Rate Increase	s rates of an advisory organization, specify o	rganization):

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

DEC 1 3 2004

SPRINGFIELD, ILLINOIS

National Union Fire Insurance Company of Pittsburgh, Pa. Name of Company

Vertex altings Analyst

Official - Title

H29219D

Change in Company's premium or rate	April 1, 2005 .	
(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety 8. Boiler and Machinery 9. Fire 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Worker's Compensation 16. Other: Medical Malpractice Line of Insurance - Ch	•	
Does filing only apply to certain terr Illingis and Chiropractic rates only.	itory (territories) or certain classes? If so, speci	fy:This filing applies to all Territories in
	follows rates of an advisory organization, speci to OUM Chiropractor Program	fy organization): <u>This is a revised rate filing</u>
reducing a 270 indicate in tages for a		
*Adjusted to reflect all prior rate cha	nges. vel which will result from application of new r	ates.
*Adjusted to reflect all prior rate cha **Change in Company's premium le		
*Adjusted to reflect all prior rate cha **Change in Company's premium le	vel which will result from application of new reference of the part of the par	<u>c.</u>
*Adjusted to reflect all prior rate cha **Change in Company's premium le  Name of  Official  Authority Implementing Articles Insurance Code (Ill. Rev. Stat. 1989, by Section 401(a) of the Illinois Insurance	result from application of new results from application of new resu	<u>c.</u>
*Adjusted to reflect all prior rate cha **Change in Company's premium le Name of Official  Authority Implementing Articles Insurance Code (Ill. Rev. Stat. 1989, by Section 401(a) of the Illinois Insuch. 73, par. 1013).	result from application of new results from application of new resu	DIVISION OF INSURANCE STATE OF ILLINOIS/IDFPR

**ILLINOIS FORM RF-3** 

#### **SUMMARY SHEET**

	(1)	(2)	(3)
	• •	Annual Premium	Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		- 110
	Commercial	- DIVISION C	DE INSURANCE ILLINOIS/IDEPA
3.	Liability Other Than Auto	STATE OF	EIVED
4.	Burglary and Theft	REC	
5.	Glass	ner ner	2 3 2004
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		FIELD, ILLINOIS
9.	Fire	01	
0.	Extended Coverage		
1.	Inland Marine	<u> </u>	
2.	Homeowners		
3.	Commercial Multi-Peril		
4.	Crop Hail		
5.	Other Farmowners	271,087	+5.0
	Line of Insurance		

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):
Base rates have been revised for Forms FO-3, FO-4 & FO-9. Amount of insurance relativities have been revised for Form FO-3. Supplemental rates for Farm Barns, Buildings and Structures, Farm Personal Property, Peak Season and Back Up Sewer & Drain have been revised. Various deductible changes are being introduced. The New Home Under Construction Discount, the Protective Devices Credit, the New Home Discount and the Improved Home Discount have been revised. The Companion Policy Discount has been revised. A Claim Free Discount and a Claim Surcharge are being introduced. The Premium Determination Rule has been revised. Editorial rule changes have also been made.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Shelter Mutual Insurance Company
Name of Company

Brian Marcks, CPCU, Coordinator of Insurance Department Affairs

Official - Title

## **SUMMARY SHEET**

		(1)	(2) Annual Premium	(3) Percent
	<u>(</u>	Coverage	Volume (Illinois)*	Change (+ or -)**
1.		le Liability		
		Passenger		<u></u>
_	Commer			
2.	Private F	le Physical Damage Passenger		
	Commer			
3.	•	Other Than Auto		
4.	Burglary a	and Theft		VISION OF INSURANCE
5.	Glass		Di	STATE OF ILLINOIS/IDEPR
6.	Fidelity			RECEIVED
7.	Surety			DEC 2 3 2004
8.		l Machinery		DEC 2 3 2001
9.	Fire			
0.	Extended	-		SPRINGFIELD, ILLINOIS
1.	Inland Ma			SPRINGFILLDI
2.	Homeowr			****
3.		ial Multi-Peril		
4.	Crop Hail			
5.	Other	Mobile Homeowners Line of Insurance	312,752	+10.3
oes fi No	ling only ap	ply to certain territory (ter	rritories) or certain classes? If so, spec	eify:

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Shelter Mutual Insurance Company
Name of Company

Brian Marcks, CPCU, Coordinator of Insurance Department Affairs

Official - Title

H29219D

# SUMMARY SHEET

•	Change in Company's premium or ra	te level produced by rate revision effective	April 1, 2005
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass	<del></del>	
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Trade Pro - Property	\$71,143	-7.1%
	Line of Insurance	-	
No		erritories) or certain classes? If so, specify:  s rates of an advisory organization, specify	
	oting ISO Loss Cost Change CF-2004		
	iquake Rates are being reduced.		
		, ,	
** C	djusted to reflect all prior rate change hange in Company's premium level we sult from application of new rates.	DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR  JAN 1 1 2005  SPRINGFIELD, ILLINOIS	d Fire & Casualty Company Name of Company  R Sorensen, Assistant Vice
			Official - Title